



Health Claims for Auto Insurance

INSURER USER MANUAL

Chapter 8

Using Decision Support - Invoices

November 2015

OVERVIEW

The HCAI Invoice Review is designed to assist in the process of reviewing and applying approval decisions to the OCF-21B and OCF-21C.

Regardless of which invoice you are reviewing, the Invoice Review includes the Summary page - a quick overview of the invoice and associated documents - and the invoice itself, organized in a manner similar to the paper OCFs.

Some of the HCAI functions used in decision support are explained more fully in the [Chapter 5: Common Functionality](#).

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OCF Invoice Review

There are two parts to the OCF Invoice Review: the review and the Adjuster Response. The first includes a read-only review of all the invoice information completed and submitted by the health care Facility. The online forms have the same structure as the respective paper OCFs; this section does not describe how to review the forms. Its focus is to guide you through the online procedure of applying/submitting decisions, and to explain how to use the HCAI functionality efficiently.

The description of the Summary page and Tab 1 is common to the review for both of the invoices. The last step, where approval takes place, is described separately for each.

OCF-21B Review

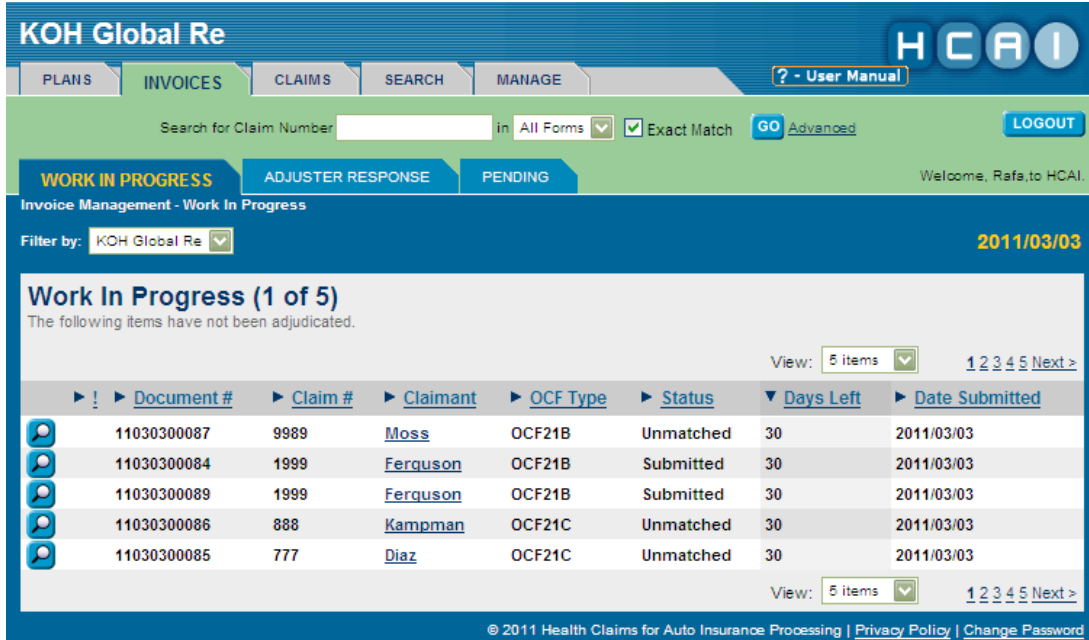
This consists of five screens: the Summary page, which is generated automatically when the invoice is submitted; and the four “pages” (steps) of the invoice which have been completed by the Facility and are presented in read-only format. Each of the three steps requires an action or response: Tab 1, where Claimant and Adjuster information can be updated; Tab 2, where line item decisions are recorded; and Tab 3, where the final approval decision for the invoice is recorded.

OCF-21C Review

This consists of five screens: the Summary page, which is generated automatically when the invoice is submitted; and the four “pages” (steps) of the invoice, which have been completed by the Facility, and are presented in read-only format. Only two of the three steps require an action or response: Tab 1, where Claimant and Adjuster information can be updated, and Tab 3, where the final approval decision for the invoice is recorded.


Launching the OCF Invoice Review

Select the Invoices tab at the top of the Insurer home page. This takes you to the Work In Progress work list for Invoices.



The screenshot shows the 'KOH Global Re' interface with the 'INVOICES' tab selected. The page displays a 'Work In Progress (1 of 5)' section with a table of invoices. The table columns are Document #, Claim #, Claimant, OCF Type, Status, Days Left, and Date Submitted. The data rows show five invoices with various statuses (Unmatched, Submitted) and claimants (Moss, Ferguson, Kampman, Diaz).

Document #	Claim #	Claimant	OCF Type	Status	Days Left	Date Submitted
11030300087	9989	Moss	OCF21B	Unmatched	30	2011/03/03
11030300084	1999	Ferguson	OCF21B	Submitted	30	2011/03/03
11030300089	1999	Ferguson	OCF21B	Submitted	30	2011/03/03
11030300086	888	Kampman	OCF21C	Unmatched	30	2011/03/03
11030300085	777	Diaz	OCF21C	Unmatched	30	2011/03/03

Navigate to the invoice you are interested in working with by locating it in the work list, and click on the “Review Form” button () next to it.

If HCAI has linked the applicant details on the invoice with the Insurer’s Claimant information, the Invoice Review opens to the Summary page of the selected invoice by default. Otherwise, you are taken to the *Claimant Match* screen, where you can attempt to match the Claimant manually. For more information on matching Claimant to invoices see [Chapter 6: Claim and Claimant Management](#).

Summary Page

The Summary page is generated automatically upon the submission of an invoice by the Facility. It allows for a quick overview of the invoice and related documents, while showing the document’s transaction history and its current state.

In the upper part of the page, there are three read-only sections as specified by the Facility during the creation of the invoice:

Claim Identifier. This section contains Applicant Name, Claim Number, Policy Number, and Date of Accident.

Return this form to. This section contains information about the insurance company to whom the invoice has been submitted.

Invoice Identifier. This section contains the Document Number, which is generated by the system upon the submission of the invoice by the Facility, Invoice Number, OCF Type (-21B or -21C), Date Submitted, source and OCF effective date.

Review OCF21B
HCAI

SUMMARY 1 2 3 4 NEXT ▶
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CANCEL

PRINT
SAVE

Claim Identifier	Return this form to:	Invoice Identifier
Applicant Name: Ferguson, Alex Claim Number: 1999 Policy Number: AF_86 Date of Accident: 2009/06/15	KOH Global Re 1999 Eramosa Rd Rockwood, Ontario R2G 2R1	Document Number: 12030100001 Invoice Number: 1 OCF Type: 21B Date Submitted: 2012/03/01 Source: Web OCF Effective Date: 2010/09/01 Archival Status: Not Archived

Note: The above three sections appear at the top of each step of any OCF invoice following the Summary page.

Invoice Details

Part 3: Invoice Details

Document Number: 12060100005

Owner: TAKE OWNERSHIP

Status: Review Required

First Invoice: ☒ No ☐ Yes

Last Invoice: ☒ No ☐ Yes

Previously Approved Goods and Services

Is this invoice for goods and services approved on an OCF-18 in HCAI? ☐ No ☒ Yes

Please enter the HCAI Document Number of the Treatment and Assessment Plan (OCF-18) to which this invoice corresponds. This is the eleven-digit "Document Number" in the Plan Identifier section in the top-right-hand corner of the OCF-18. If you wish to indicate that this submission is exempt from providing the OCF-18 number, answer "No" to the question above or type in "exempt".

* OCF-18 Document Number: 09062900022

Type of Plan, PAF or MIG: Treatment and Assessment Plan (OCF-18)

Plan Date: 2009/06/29

Amount Approved: \$875.00

Previously Billed: \$200.00

The Invoice Details section contains the following information:

Document Number. This number is system-generated upon submission of the invoice.

Owner. If you work in a team structure, you can click the TAKE OWNERSHIP button. This inserts your name to the left of the button, and changes the button to RELEASE OWNERSHIP. Once a user has taken ownership of an invoice, the system flags the invoice and other users are able to see that the invoice is currently being worked on. This invoice is marked as "In Review, locked by" in the Submitted work list on the Insurer home page. Clicking on the "Release Ownership" button removes the flag from the invoice, and changes the button back to "Take Ownership."

Status. This field shows the status of the current invoice.

First Invoice, Last Invoice. These fields are read-only and have been completed by the Facility.

Previously Billed Goods and Services. Information on previously approved goods and services.

OCF-18/23 Document Number. The OCF-18/23 to which the invoice refers.

Plan Date. Date the OCF-18/23 was submitted.

Amount Approved. Dollar amount of treatment goods/services approved on referring OCF-18/23.

Previously Billed. Dollar amount of treatment goods/services billed previously.

Activity Log

Activity Log			
Activity Log for Document #: 06091800009			
Date & Time	Description	Version	Actor
2006/09/18 10:36	Message, Joe Submitted an invoice	Version 1	Message, Joe

The Activity Log section displays a history of the activities involving the invoice:

Date and Time. The date when an activity recorded in HCAI took place.

Description. The description of the activity recorded in HCAI.

Version. The version number of the invoice, if the activity resulted in a new version. Click on the version link to view the respective invoice.

Actor. The name of the user who performed the activity.

Associated Documents

Associated Documents Results							
Associated Documents (1 of 1)							
Showing associated documents which are active. To show archived documents, click Show Archived Documents.							
If the facility submitted a form through the HCAI Data Entry Centre and it had validation errors, a checkmark appears in the "DEC Errors" column for that document.							
▲ Document #	► Type	► Facility	► Status	► Date Sent	DEC Errors?	Proposed Amount(\$)	Approved Amount(\$)
12091300020	OCF21B	Health 4 Life	Approved	2012/09/13		\$100.00	\$100.00
13050900002	OCF23	Health 4 Life	Responded	2013/05/09		\$5,500.00	\$5,500.00
13050900003	OCF21C	Health 4 Life	Unassigned	2013/05/09		\$257.60	\$0.00

The Associated Documents section is where other documents associated with the Claim are grouped and listed. Each time you open a plan or invoice, HCAI generates a list of documents associated with the same Claimant.

The Associated Documents list contains the following data columns:

Document #. This column contains the document number generated by HCAI upon the submission of a plan or invoice.

Type. This column contains the type of a given plan or invoice (OCF-18, OCF-23, OCF-21B and OCF 21-C).

Facility. This column contains the name of the Health Care Facility that submitted a given plan or invoice.

Status. This column contains information on the status of a given plan or invoice – Approved, Partially Approved, Denied, Need To Discuss, Pending.

Date Sent. This column contains the date and time that an invoice was submitted.

Proposed Amount. This column contains the cost of treatment proposed by the Facility under a given plan or invoice.

Approved Amount. This column contains the amount approved by the Adjuster for a given plan or invoice.

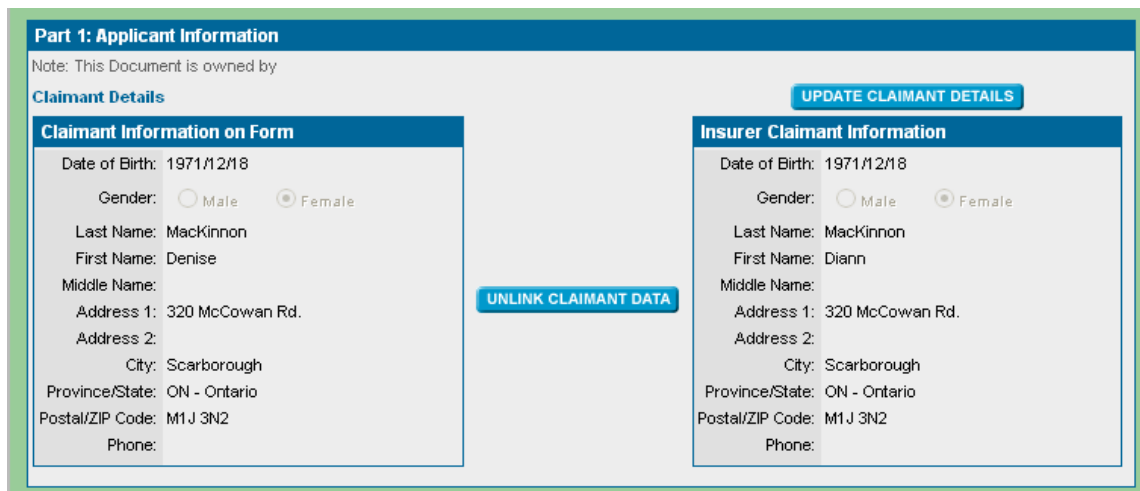
You can sort the items in the list by clicking on the header of the column you want to sort. Clicking on the header a second time reverses the sort order.

To open a plan or invoice from the Associated Documents list, click on the highlighted document #.

Claimant, Insurer and Payee Details (Tab 1)

In the Tab 1 screen of the Invoice Review you can view the Claimant details as specified by the Facility and compare them with the Claimant information provided by the Insurer. If you have been granted the appropriate HCAI roles, you can also link, unlink, and update the Claimant. As well as assigning and reassigning Adjusters, transferring the Claim between different branches of the Insurer can also be done from this screen.

PART 1: Applicant information



Part 1: Applicant Information

Note: This Document is owned by

Claimant Details

Claimant Information on Form

Date of Birth: 1971/12/18
 Gender: ☐ Male ☒ Female
 Last Name: MacKinnon
 First Name: Denise
 Middle Name:
 Address 1: 320 McCowan Rd.
 Address 2:
 City: Scarborough
 Province/State: ON - Ontario
 Postal/ZIP Code: M1J 3N2
 Phone:

UNLINK CLAIMANT DATA

UPDATE CLAIMANT DETAILS

Insurer Claimant Information

Date of Birth: 1971/12/18
 Gender: ☐ Male ☒ Female
 Last Name: MacKinnon
 First Name: Diann
 Middle Name:
 Address 1: 320 McCowan Rd.
 Address 2:
 City: Scarborough
 Province/State: ON - Ontario
 Postal/ZIP Code: M1J 3N2
 Phone:

The left part of this section contains the Claimant Information, as submitted by the Facility. In the right half, there is a section for the Insurer Claimant Information. HCAI links the submitted document to the Claimant automatically if there is a perfect match between the Applicant information and the Claimant information. A perfect match occurs when all of the following pieces of information are exactly the same for both the Applicant and the Claimant:

- policy number and/or Claim number;
- date of accident;
- gender;
- date of birth.

For more information on matching documents with Claimants, please see [Chapter 6: Claim and Claimant Management](#).

PART 2: Auto Insurer Information

In this section, you can see the Insurer and Adjuster details as specified by the Facility. If you have sufficient access rights and roles, you can reassign the Claimant to a different Adjuster within your insurance company.


Part 2: Auto Insurer Information	
<div style="background-color: #0056b3; color: white; padding: 2px; margin-bottom: 5px;">Auto Insurer Information On Form</div> <div style="margin-bottom: 10px;"> Company Name: HCAI Test Insurer Branch Name: HCAI Insurer Main Branch Branch Address: 2 King St. City: Toronto Province: Ontario Postal Code: M1M 1M1 </div> <div style="margin-bottom: 10px;"> Policy Holder Details Policy Holder Last Name: Policy Holder First Name: </div> <div> Adjuster Details Last Name: First Name: Phone: Fax: </div>	<div style="background-color: #0056b3; color: white; padding: 2px; margin-bottom: 5px;">Selected Insurer Information</div> <div style="margin-bottom: 10px;"> Company Name: HCAI Test Insurer Branch Name: HCAI Insurer Main Branch Branch Address: 2 King St. City: Toronto Province: Ontario Postal Code: M1M 1M1 </div> <div style="margin-bottom: 10px;"> Policy Holder Details Policy Holder Last Name: MacKinnon Policy Holder First Name: MacKinnon </div> <div> Adjuster Details REASSIGN ADJUSTER Last Name: Adjuster First Name: Test Phone: Fax: </div>

To Assign or Reassign an Adjuster:

Click the REASSIGN ADJUSTER button located in the “Selected Insurer Information” sub-section of the Auto Insurer Information section. A confirmation message appears. Click <OK> to proceed to the *Claimant Details* screen where the Adjuster assignment can be changed.

Click on the dropdown box titled “Adjuster”, select the Adjuster to whom the Claimant is to be either assigned or reassigned, then click SAVE.

KOH Global Re



PLANS INVOICES CLAIMS SEARCH MANAGE
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in

All Forms

Exact Match

GO

Advanced

LOGOUT

CLAIMS CLAIMANTS
Welcome, Rafa to HCAI.

2011/03/03

Claims > Claimant Search > Claimant Details for Ferguson, Alex > (Claim # 1999)

Claimant Details

Fill in the fields to add/edit a claimant for Claim # 1999
NOTE: All fields with an asterisk (*) are required

* Claimant ID:

* Last Name:

* First Name:

Middle Name:

* Address:

* City:

* Province/State:

ON - Ontario

* Postal/ZIP Code:

Adjuster:

Gudjonsson, Edith

* Date of Birth:

* Gender: ☒ Male ☐ Female

Phone Number:

SAVE

CANCEL

State

Cisse, Djibril
 Gudjonsson, Edith
 Henry, Tamara
 Keane, Robin
 Min, Samuel

Latest Version: 1

Part 4: Payee Information

Part 4 contains Facility information, including the FSCO Licence Number, payee details, billing and service address. By selecting either “Yes” or “No” to the *Is the payee the health care facility?* question, facilities indicate to the insurer whether or not the claimant should be paid directly.

Part 4: Payee Information

Please indicate if the payee of this invoice is the health care facility. The payee may be the facility only if all dates of service are allowed by the facility's FSCO service provider licence. Otherwise, FSCO has indicated this invoice is payable only to the claimant.

Facility Name: Healthcare Optima HCAI Facility Registry Number: 20755 FSCO Licence Number: 20755 20755 Is the payee the health care facility? <input checked="" type="radio"/> No <input type="radio"/> Yes	<p>THE HEALTH CARE FACILITY IS INDICATING THE INSURER SHOULD PAY THE CLAIMANT DIRECTLY. The insurer is required by FSCO to determine whether the facility held a service provider licence in good standing on the dates of service listed in the invoice. If not, FSCO has indicated the insurer must receive a paper copy of the invoice from the claimant prior to adjudicating and issuing payment.</p>
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Make Cheque Payable To:
 Payee First Name:
 Payee Last Name:
 Payee Number:

Billing Address
 Address 1: 4345 The East Mall
 Address 2:
 City: Etobicoke
 Province: Ontario
 Postal Code: M9C 1W6

Service Address
 Same as billing address? ☐ No ☒ Yes

Phone: (416) 666-6666
 Fax:
 E-mail: lpyaskina@ibc.ca

THE AUTHORIZED SUBMITTER CERTIFIES THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

THE AUTHORIZED SUBMITTER UNDERSTANDS THAT IT IS AN OFFENCE UNDER THE INSURANCE ACT to knowingly make a false or misleading statement or representation to an insurer under a contract of insurance.

THE AUTHORIZED SUBMITTER FURTHER UNDERSTANDS THAT IT IS AN OFFENCE UNDER THE FEDERAL CRIMINAL CODE for anyone, by deceit, falsehood, or other dishonest act, to defraud or attempt to defraud an insurance company. This information will be used for processing payments of claims; identifying and analysing the nature and costs of goods and services that are provided to automobile accident victims, by health care providers; **PREVENTING FRAUD AND DETECTING FRAUD WHERE THERE ARE REASONABLE GROUNDS TO SUSPECT FRAUD.** Note: Authorized signatures obtained during registration.

Reviewing the OCF-21B

In the OCF-21B, approval decisions are made in both the Tab 2 and Tab 3 screens. In Tab 2, goods and services are either approved or declined on a line item basis. If you decline any of the items, you must apply a reason code. The final decision is recorded in Tab 3.

Tab 2 has the Injury and Sequelae Code(s), which is read-only information, and the Associated Documents list preceding the Part 12 section where the approval decisions are made.

Injury and Sequelae Codes

Code Description

T.06.8 Other specified injuries involving multiple body regions

Note: For background information on ICD-10-CA coding, refer to the user manual at www.hcaiinfo.ca

Associated Documents Results

Associated Documents (1 of 2)

Showing associated documents which are active. To show archived documents, click Show Archived Documents.

[1](#) [2](#) [Next >](#)

Document #	Type	Facility	Status	Date Sent	Proposed Amount(\$)	Approved Amount(\$)
09063000013	OCF21C	Kian Clinic	Review Required	2009/06/30	\$196.65	\$0.00
09070900042	OCF21C	Kian Clinic	Review Required	2009/07/09	\$142.95	\$0.00
11020800026	OCF18	Kian Clinic	Review Required	2011/02/08	\$1,884.00	\$0.00
11020800028	OCF18	Kian Clinic	Review Required	2011/02/08	\$1,884.00	\$0.00
11030200010	OCF18	Kian Clinic	Pending	2011/03/02	\$1,884.00	\$0.00
11030200016	OCF18	Kian Clinic	Pending	2011/03/02	\$1,884.00	\$0.00
11030200020	OCF21C	Kian Clinic	Pending	2011/03/02	\$300.00	\$0.00
11051100001	OCF18	Golden Horsehoe Health	Approved	2011/05/11	\$2,610.00	\$2,610.00
11051100002	OCF21B	Golden Horsehoe Health	Approved	2011/05/11	\$75.00	\$75.00
11060700154	OCF18	Acme Rehab	In Discussion, Response Sent	2011/06/07	\$1,169.30	\$0.00

[1](#) [2](#) [Next >](#)

If the Facility has created the invoice from a plan already in HCAI, the Proposed Goods and Services section displays a history of the approved amounts and payments made for each individual good or service.

The [SHOW ARCHIVED DOCUMENTS](#) button is available regardless of whether any related OCFs have been archived—clicking on this button will enable presentation of the associated documents that have been archived, when appropriate.

If the Facility has not created the invoice from a plan already in HCAI, the history section and corresponding functionality will not appear.

Reimbursable Goods and Services

Code: 1E101

The service rendered is unplanned.

History for 1E101

Approved on plan: 0.00	Current charge: 50.00
Paid to date: 0.00	Balance remaining for 1E101 if all approved: (50.00)
Balance remaining: 0.00	

Alert	Date Services Rendered	Code	Attr	Provider Ref.	Quantity/Measure	Cost	Proposed Tax	Adjuster Response
!	2006/09/12	* 1E101 Mobilization, hea...		Massage, Joe	1.00 PR	50.00	<input type="checkbox"/> PST <input type="checkbox"/> GST <input type="checkbox"/> PST <input type="checkbox"/> GST	...

This history includes the following information relating to amounts invoiced:

Approved on plan. The amount approved from the plan, if any.

Paid to date. The amount paid to date.

Current charge. The total charge on the current invoice for the specific good or service.

Balance remaining. The approved balance remaining on the plan if the specific good or service is approved as invoiced. A bracketed amount, displayed in red indicates a negative amount.

Each row of the table contains one good or service and includes the following columns:

Alert. If an exclamation mark appears in this column, this indicates that the line item has not been adjudicated.

Date Services Rendered. This column contains the date when a good/service was delivered.

Code. This column contains the CCI or GAP code associated with the good, or service, as well as the description.


Attribute. The good or service attribute, if applicable.

Provider Ref. This column contains the name of the Provider who will be providing the good or service. Click on the name link to open a separate window and view the Provider details, or running your mouse over the name displays the Provider's profession.

Quantity/Measure. This column contains the quantity of the good or service to be delivered per visit, and the unit of measure for this quantity.

Cost. This column contains the cost per good or service unit, as proposed by the Facility. It also has an associated active box, for the user to confirm or modify the amount submitted by the Facility.

Tax. This column indicates the applicability of HST to the selected goods or services, as proposed by the Facility. There are two associated active boxes for the user to confirm or modify the proposed tax assessment as submitted by the Facility.

Adjuster Response. An ellipsis button () is available to assist in searching for a reason code in the event you decline the item.

Applying Approval Decisions to the OCF-21B

To record a decision against an invoice, you must approve, partially approve or decline each line item in the table, then validate the decision by submitting a final decision.

To approve invoice items:

- In each of the tables in the Proposed Goods and Services section, confirm and/or modify the “Cost” proposed by the Facility and the “Proposed Tax,” if applicable.

If you wish to approve the invoice as submitted, without any modifications:

- In the “Apply multiple reason codes” section, click the **SET CHARGED COSTS TO APPROVED COSTS** button to approve all (no reason necessary).

The screen refreshes with the “Cost” and “Tax” boxes updated automatically to display the same values/selections as proposed by the Facility.

Reimbursable Goods and Services

Code: 1VG03

History for 1VG03

Approved on plan: 0.00
Paid to date: 0.00
Balance remaining: 0.00

Current charge: 50.00
Balance remaining for 1VG03 if all approved: (50.00)

Alert	Date Services Rendered	Code	Attr. Provider Reference	Quantity/Measure	Cost	Tax	Adjuster Response
	2015/05/20	1.VG.03 "Immobilization, ...	Hopkins, Mary	1.00 HR	50.00 <input type="text" value="50.00"/>	<input type="checkbox"/> <input type="checkbox"/>	

Code: 2ZZ02

History for 2ZZ02

Approved on plan: 0.00
Paid to date: 0.00
Balance remaining: 0.00

Current charge: 50.00
Balance remaining for 2ZZ02 if all approved: (50.00)

Alert	Date Services Rendered	Code	Attr. Provider Reference	Quantity/Measure	Cost	Tax	Adjuster Response
	2015/05/21	2.ZZ.02 "Assessment (exam...	Hopkins, Mary	1.00 HR	50.00 <input type="text" value="50.00"/>	<input type="checkbox"/> <input type="checkbox"/>	

Explanation of adjuster response

Apply multiple reason codes

SET CHARGED COSTS TO APPROVED COSTS

SET REASON FOR DECLINING


Totalling

	Proposed	Approved	Calculated	Adjuster Response
Sub-total:	100.00	100.00		
* Minus MOH:	0.00	0.00		
* Minus Other Insurer (1 + 2):	0.00	0.00		

To deny invoiced goods and services:

- To deny goods and services invoiced by the Facility, you must provide a reason code(s) to support the “decline” decision.

If you are only partially denying some of the invoiced goods or services,

- In the Proposed Goods and Services table, set the amounts proposed by the Facility in the “Cost,” “0” or less than the proposed amount by entering the amount directly into the associated active boxes below the proposed amount and uncheck the “Tax” box, if necessary.
- Click the ellipsis button  next to each invoiced good or service to search for the reason code and to add it to the Adjuster Response column.

If you wish to decline all proposed goods and services for the same reason, in the “Apply multiple reason codes” section,

- Click the  to specify the reason code common for all goods and services.

In support of a partial approval or decline adjudication decision, the “Explanation of adjuster decision” box allows insurers to communicate the rationale for selecting specific reason codes to the facility.

Tab 3: Other Insurer Information

The Tab 3 screen contains Other Insurer Information, which is read-only information submitted by the Facility about other insurance available to cover some of the proposed goods and services. Immediately following is the “Charged Services” section, which lists the amounts the Facility estimates will be recoverable from other Insurers.

Other Insurance

I have made reasonable enquiries of the claimant and have determined that:

☐ No - There is no other insurance coverage

☒ Yes - There is other insurance coverage that is potentially available to cover / partially cover these goods and services

MOH:
Is there Ministry of Health and Long-Term Care (MOH) coverage for goods and services included in this invoice?

☐ No ☒ Yes ☐ Not Applicable

Other Insurer 1

Other Insurer Name: Budget Health
Plan Or Policy Number: B7854441002
Last Name of Plan Member: Diaz
First Name of Plan Member: Calvin
Other Insurer's Identifier:

Other Insurer 2

Other Insurer Name:
Plan Or Policy Number:
Last Name of Plan Member:
First Name of Plan Member:
Other Insurer's Identifier:

Other Insurance (for goods and services on this invoice)

Enter the total amounts received or estimated to be payable to you on this invoice for goods and services from other insurance sources (e.g., Ministry of Health and Long-Term Care and Extended Health Care plans to which the applicant is eligible). Categorize amounts by Chiropractic, Physiotherapy, Massage Therapy, and Other. When the category "Other" is used, specify the type of services covered (e.g., dental, psychological, optometric).

Use the section below to indicate the amount you have received or will receive directly from the collateral source or applicant. Enter the amounts as positive values. These amounts will be subtracted from the sub-total to determine the amount owed by the automobile insurer.

	Chiropractic	Physiotherapy	Massage Therapy	**Other Services	Total	Adjuster Response
MOH		35.00			35.00	
					<input style="width: 100%;" type="text"/>	...
Insurer 1					0.00	
					<input style="width: 100%;" type="text"/>	...
Insurer 2				35.00	35.00	
					<input style="width: 100%;" type="text"/>	...

**Other Service Type Specified: Preliminary Medical Examination

Do you want to claim any amount not reimbursed by other insurance sources? ☒ No ☐ Yes



In the Other Insurance section:

If you agree with the charged services item, confirm and/or modify the “Total” specified by the Facility.

If you disagree with the charged services item, enter “0” in the “Total” field and specify the reason code.

Totalling

The Totalling section contains the final calculation of all charges payable to the Facility. The “Proposed” column shows the amount invoiced by the Facility and the “Approved” column shows the amount approved by the Adjuster. The “Calculated” column shows the tax value calculated by HCAI based on the value of approved line items that have the “tax” box checked.

Totalling				
	Proposed	Approved	Calculated	Adjuster Response
Sub-total:	1,500.00	1500.00		
* Minus MOH:	0.00	0.00		
* Minus Other Insurer (1 + 2):	0.00	0.00		
Tax (if applicable):	0.00	<input type="text" value="0.00"/>	195.00	
Prior Balance:	0.00			
Payment Received from Auto Insurer:	0.00			
Overdue Amount:	0.00			
Interest:	0.00	<input type="text" value="0.00"/>		
Auto Insurer Total:	1,500.00	1,500.00		

The fields in the Approved column contain:

Sub Total. This amount is calculated by adding up all the approved amounts in the “Unit Cost” column of the Proposed Goods and Services table(s) in Tab 2.

Minus MOH. This amount is equal to the approved amount for MOH in the “Total” column of the Other Insurance section.

Minus Other Insurer (1+2). This amount is calculated by adding up the approved amounts for Other Insurer 1 and Other Insurer 2, if any, in the “Total” column of the Other Insurance section.

Tax. This amount is based on all checked “Tax” boxes in the “Tax” column of the Proposed Goods and Services table(s) in Tab 2, the amount should be verified and entered into the Tax field, if applicable.

Prior Balance. This field is populated by the Facility.

Payment Received from Auto Insurer. This field is populated by the Facility.

Overdue Amount. This field is populated by the Facility.

Interest. In this field you enter the amount of interest owed, if any.

Payment Received from Auto Insurer. Any additional payments received.

Auto Insurer Total. This adds up “Sub-Total,” “Tax,” “Interest” owed (if any) and subtracts “Minus MOH” and “Minus Other Insurer (1+2).”

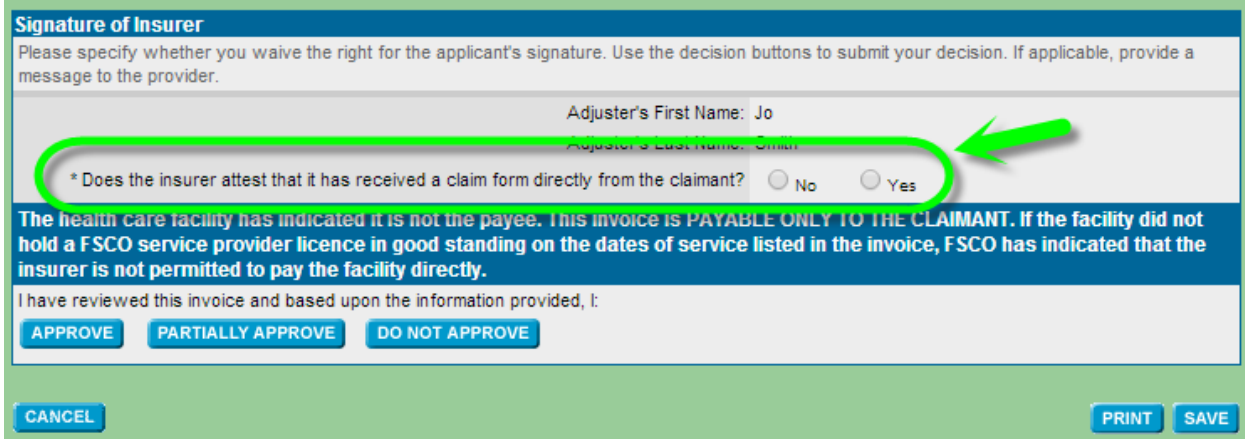
Additional Information

This section contains read-only information as specified by the Facility.

Additional Information	
Make cheque payable to:	HCAI Test Facility
Other Information:	

Signature of Insurer

In this section, click **APPROVE**, **PARTIALLY APPROVE**, or **DO NOT APPROVE** to render the final adjudication decision.



Signature of Insurer

Please specify whether you waive the right for the applicant's signature. Use the decision buttons to submit your decision. If applicable, provide a message to the provider.

Adjuster's First Name: Jo
Adjuster's Last Name: Smith

* Does the insurer attest that it has received a claim form directly from the claimant? ☐ No ☐ Yes

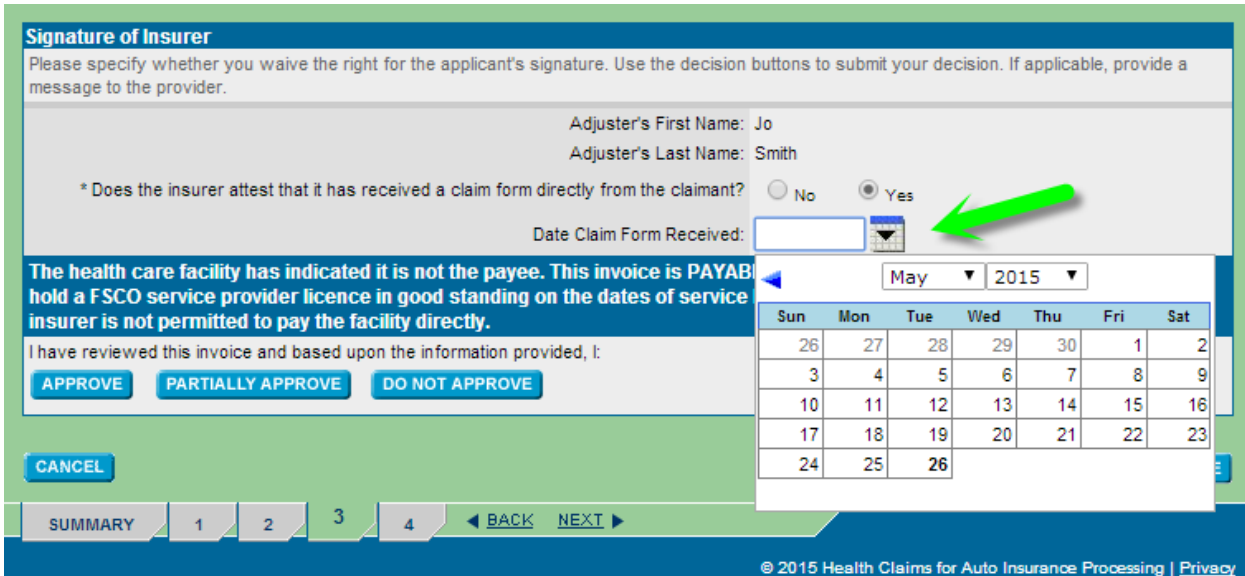
The health care facility has indicated it is not the payee. This invoice is PAYABLE ONLY TO THE CLAIMANT. If the facility did not hold a FSCO service provider licence in good standing on the dates of service listed in the invoice, FSCO has indicated that the insurer is not permitted to pay the facility directly.

I have reviewed this invoice and based upon the information provided, I:

APPROVE **PARTIALLY APPROVE** **DO NOT APPROVE**

CANCEL **PRINT** **SAVE**

When the facility has indicated it is not the payee, insurers must indicate "Yes" or "No" to the *Does the insurer attest that it has received a claim form directly from the claimant?* question. When "Yes" is selected, the adjuster must indicate the date when the paper OCF-21 was received.



Signature of Insurer

Please specify whether you waive the right for the applicant's signature. Use the decision buttons to submit your decision. If applicable, provide a message to the provider.

Adjuster's First Name: Jo
Adjuster's Last Name: Smith

* Does the insurer attest that it has received a claim form directly from the claimant? ☐ No ☒ Yes

Date Claim Form Received:

The health care facility has indicated it is not the payee. This invoice is PAYABLE ONLY TO THE CLAIMANT. If the facility did not hold a FSCO service provider licence in good standing on the dates of service listed in the invoice, FSCO has indicated that the insurer is not permitted to pay the facility directly.

I have reviewed this invoice and based upon the information provided, I:

APPROVE **PARTIALLY APPROVE** **DO NOT APPROVE**

CANCEL

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26				

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Once the date has been selected, the final adjudication decision may be rendered in HCAI.

Reviewing the OCF-21C

The Summary tab provides Part 3: Invoice Details, the Activity Log and the Associated Documents Results list (if any exist).

Tab 2 has the Injury and Sequelae Code table, which is read-only information.

In the OCF-21C, approval decisions are made in the Tab 3 screen. Goods and services are either approved or declined on a line item basis. If you decline or partially approve any of the items, you must apply a reason code.

Part 5: Injury and Sequelae					
Code	Description				
K.00.5	Hereditary disturbances in tooth structure, not elsewhere classified				
G.51.0	Bell's palsy				
F.01	Vascular dementia				
H.81.0	Meniere's disease				
F.00	Dementia in Alzheimer's disease (G30.-+)				

Part 6: Goods and Services Rendered					
Date Services Rendered	Code	Description	Attr.	Provider Reference	Quantity/Measure
2010/08/31	C.XX.PC	Pre-Claim Examination and report		Firoz, James	6.00 HR
2010/08/31	7.SJ.30.LB	Documentation, support activity ...	GR	Firoz, James	5.00 HR
2010/09/02	M.IG.24	Completion of Minor Injury Treat...		Firoz, James	89.00 HR



Part 7: Reimbursable Fees Within the Minor Injury Guideline or Pre-Approved Framework

This section contains a list of goods/services and the fees being charged for them. For Part 7 MIG or PAF treatments, the Insurer must enter the approved cost and supply an Adjuster response if the full amount is not being approved.

Part 7: Reimbursable Fees within the Minor Injury Guideline or Pre-approved Framework

Guideline to which this invoice applies: Minor Injury

The Cost fields specify the total cost for a given block. The First Date of Service fields must contain only dates allowed by the facility's FSCO Service Provider licence. See <http://fSCO.gov.on.ca> for more information.

First Date of Service	Code	Description	Provider Reference	Maximum Fee	Cost	Adjuster Response
2015/05/15	M.IG.00	Initial visit (1 session)	Hopkins, Mary		422.00	
			Segin, Larvsa	215.00	<input type="text"/>	
2015/05/18	M.IG.01	Block 1 (weeks 1 to 4)	Hopkins, Mary		1456.00	
			Segin, Larvsa	775.00	<input type="text"/>	

Minor Injury Guideline or Pre-approved Framework Fee Totals: 1,878.00
 Approved Minor Injury Guideline or Pre-approved Framework Fee Totals: 0.00

CALCULATE

Explanation of adjuster response


The tables include the following columns:

Code. The code of a good/service as specified by the Facility in the OCF-23 plan or in the OCF-21C.

Maximum Fee. The maximum fee from the PAF/MIG guideline is displayed.

Cost. This column contains the estimate for a PAF/MIG good and/or service as specified by the Facility. The Insurer must confirm the approved cost below the submitted fee (entered by the Facility) by entering the cost in the field below.

Attribute. If applicable.

Adjuster Response. This column contains an ellipsis button () to search for a reason code if you deny a good/service.

In support of a partial approval or decline adjudication decision, the “Explanation of Adjuster Decision” box allows insurers to communicate the rationale for selecting specific reason codes to the facility.

Part 8: Other Reimbursable Goods and Services Approved by the Insurer

If the plan on which the invoice is based includes goods and services that required approval by the Insurer, then *Part 8: Other Reimbursable Goods and Services Approved by the Insurer* is populated. Part 8 will not be populated if the invoice applies to the Minor Injury Guideline. This section contains as many tables as the number of such goods and services. Each table is preceded by a history of the good or service to aid you in your decision-making.

Part 8: Other Reimbursable Goods and Services Approved by the Insurer

Other reimbursable goods and services must be within the PAF Guidelines.


If HST applies to a good or service, check the Proposed Tax checkbox on that line item.

Code: CXXPC

The service rendered is unplanned.

History for CXXPC

Approved on plan: 0.00	Current charge: 3,343.00	
Paid to date: 0.00	Balance remaining for CXXPC if all approved: (3,343.00)	
Balance remaining: 0.00		

Alert	Date Services Rendered	Code	Attr.	Provider Reference	Quantity/Measure	Cost	Tax	Adjuster Response
!	2010/09/01	C.CX.PC Pre-Claim Examina...		Firoz, James	5.00 HR	3343.00	<input checked="" type="checkbox"/> <input type="checkbox"/>	

This history includes:

Approved on plan. The amount approved from the previous plan, if any.

Paid to date. The amount paid to date, if any.

Balance remaining. The balance remaining on the plan.

Current charge. The total charge on the invoice for a specific good or service.

Balance remaining (for specific goods and service code). The amount remaining on the plan if the total amount of the specific good or service is approved. A bracketed amount, displayed in red, indicates a negative amount.

The Part 8 tables each contain one good or service and include the following columns:

Alert . If an exclamation mark appears in this column, the line item has not yet been adjudicated.

Date Services Rendered. This column contains the date when a good/service was delivered.

Code. This column contains a CCI or GAP code and the description of the good/service.


Attribute. If applicable.

Provider Reference. This column contains the name of the Provider, which is a link. Click on the link to view the Provider details or run your mouse over the Provider name to display the Provider's profession.

Quantity/Measure. This column contains the quantity of the good/service to be delivered per visit and the unit of measure for this quantity.

Cost. This column contains the cost per good/service as proposed by the Facility. It also has an active box for you to confirm the Facility's value.

Tax. This column contains the HST checkboxes, one inactive and selected or unselected by the Facility, and the other active for you to confirm the Facility's selection(s).

Adjuster Response. This column contains an ellipsis button () to search for a reason code if you deny a good/service.

Applying Approval Decisions to the OCF-21C

To submit the final decision, you have to approve each line item in Part 7 and/or 8.

To record a decision against an invoice in each line item enter the amount and then validate the decision by submitting a final decision. There are different ways of doing this;

To approve invoice items:

In each of the tables in Part 7 and/or Part 8, confirm and/or modify the “Charged Fee” or “Cost” proposed by the Facility and the “Tax,” if applicable.

Part 7: Reimbursable Fees within the Minor Injury Guideline or Pre-approved Framework					
Guideline to which this invoice applies: PAF WAD I/II					
Code	Description	Attr.	Maximum Fee	Cost	Adjuster Response
G.XX.13	Ergonomic Mat		0.00	20.00	<input type="text"/> ...
H.XX.MR	Med/Rehab		0.00	300.00	<input type="text"/> ...
8.KA.07	"Facilitation, cognition and learning"		0.00	189.00	<input type="text"/> ...

Minor Injury Guideline or Pre-approved Framework Fee Totals: 509.00
 Approved Minor Injury Guideline or Pre-approved Framework Fee Totals: 0.00

If you wish to approve the invoice as submitted, without any modifications:

- In the “Apply multiple reason codes” section, click **SET CHARGED COSTS TO APPROVED COSTS**
- The “Cost” and/or “Tax” boxes are updated automatically to display the same values/selections as proposed by the Facility.


To decline a good and service invoiced by the Facility, you must provide a reason code to support the “decline” decision.

Part 7: Reimbursable Fees within the Minor Injury Guideline or Pre-approved Framework						
Guideline to which this invoice applies: Minor Injury						
The Cost fields specify the total cost for a given block. The First Date of Service fields must contain only dates allowed by the facility's FSCO Service Provider licence. See http://fSCO.qov.on.ca for more information.						
First Date of Service	Code	Description	Provider Reference	Maximum Fee	Cost	Adjuster Response
2015/05/15	M.IG.00	Initial visit (1 session)	Hopkins, Mary		422.00	<input type="text"/> ...
			Segin, Larvsa	215.00		
2015/05/18	M.IG.01	Block 1 (weeks 1 to 4)	Hopkins, Mary		1456.00	<input type="text"/> ...
			Segin, Larvsa	775.00		

Minor Injury Guideline or Pre-approved Framework Fee Totals: 1,878.00
 Approved Minor Injury Guideline or Pre-approved Framework Fee Totals: 0.00

Explanation of adjuster response

If you are only declining some of the invoiced goods or services:

- In the Part 7 and/or Part 8 table, set the amounts proposed by the Facility in the relevant “Cost” or “Tax” fields to “0” by entering the amount directly into the associated active boxes below the proposed amount and uncheck the “Tax” box, if necessary.
- Click the ellipsis button  next to each invoiced good or service to search for the reason code and to add it to the Adjuster Response column.

OR, if you wish to decline all proposed goods and services for the same reason, in the “Apply multiple reason codes” section:

- Click the  button to specify the reason code common for all goods and services.

Part 9: Other Insurance Goods and Services

The Charged Services section contains details on the charges to be covered by the MOH and Other Insurers.

Part 9: Other Insurance (for goods and services on this invoice)

Enter the total amounts received or estimated to be payable to you on this invoice for goods and services from other insurance sources (e.g., Ministry of Health and Long-Term Care and Extended Health Care plans to which the applicant is eligible). Categorize amounts by Chiropractic, Physiotherapy, Massage Therapy, and Other. When the category "Other" is used, specify the type of services covered (e.g., dental, psychological, optometric).

Use the section below to indicate the amount you have received or will receive directly from the collateral source or applicant. Enter the amounts as positive values. These amounts will be subtracted from the sub-total to determine the amount owed by the automobile insurer.

	Chiropractic	Physiotherapy	Massage Therapy	**Other Services	Total	Adjuster Response
MOH				65.66	65.66	<input type="text"/>
Insurer 1				144.22	144.22	<input type="text"/>
Insurer 2					0.00	<input type="text"/>

**Other Service Type Specified: Supporting goods and services

Do you want to claim any amount not reimbursed by other insurance sources? ☒ No ☐ Yes

To approve, confirm the charge specified by the Facility in the Total column.

To deny, click "Set Reason for Declining" in the Adjuster Response column and specify the reason code.

Totalling

The Invoice Totalling section contains the calculation of all charges payable to the Facility. The Proposed column shows the amount invoiced by the Facility and the Approved column shows the amount approved by the Adjuster. The fields in the Approved column contain:

Totalling

	Proposed	Approved	Calculated	Adjuster Response
Pre-approved Sub-total:	1,699.33	0.00		
Other Goods and Services:	0.00	0.00		
* Minus MOH:	(65.66)	0.00		
* Minus Other Insurer (1 + 2):	(144.22)	0.00		
Tax (if applicable):	0.00	<input type="text" value="0.00"/>	0.00	<input type="text"/>
Prior Balance:	0.00			
Payment Received from Auto Insurer:	0.00			
Overdue Amount:	0.00			
Interest:	0.00	<input type="text" value="0.00"/>		<input type="text"/>
Auto Insurer Total:	1,489.45	0.00		

HCAI populates the proposed and calculated tax columns with the HST rate (13%). You may overwrite the Proposed Tax amount if you are charging a tax value that is different from HST.

Other Goods and Services. This field is calculated by adding up all approved amounts in the Charged Fee column of *Part 8: Other Reimbursable Goods and Services Approved by the Insurer*.

Pre-approved Sub-Total. This amount is calculated by adding up all approved amounts in the Charged Fee column of *Part 7: Reimbursable Fees within the Minor Injury Guideline or Pre-Approved Framework*.

Minus MOH. This amount is equal to the approved amount for MOH in the Total column of the Charged Services section.

Minus Other Insurer (1+2). This amount is calculated by adding up the approved amounts for Other Insurer 1 and Other Insurer 2, if any, in the Total column of the Charged Services section.

Tax. This amount is based on all checked Tax boxes in the Tax column of *Part 8: Other Goods and Services Approved by the Insurer*. Verify the HST amount and enter in the HST field.

Payment Received From Auto Insurer. Any additional payments received.

Prior Balance, Payment Received from Auto Insurer, Overdue Amount. These fields are populated by the Facility and are here for display purposes only.

Interest. In this field, you confirm the value indicated by the Facility.

Auto Insurer Total. This adds up approved Sub-Total, Tax and subtracts Minus MOH and Minus Other Insurer (1+2).

Press  to update Auto Insurer total amount approved.

Signature of Insurer

This section contains the last and the first name of the Adjuster assigned to the Claimant to which the invoice pertains.

Adjuster's First Name, Adjuster's Last Name. These fields are generated automatically based on the Adjuster details as specified in Tab 1.

In this section, click **APPROVE**, **PARTIALLY APPROVE**, or **DO NOT APPROVE** to render the final adjudication decision.

Signature of Insurer
Please specify whether you waive the right for the applicant's signature. Use the decision buttons to submit your decision. If applicable, provide a message to the provider.

Adjuster's First Name: Jo
Adjuster's Last Name: Smith

* Does the insurer attest that it has received a claim form directly from the claimant? ☐ No ☐ Yes

The health care facility has indicated it is not the payee. This invoice is PAYABLE ONLY TO THE CLAIMANT. If the facility did not hold a FSCO service provider licence in good standing on the dates of service listed in the invoice, FSCO has indicated that the insurer is not permitted to pay the facility directly.

I have reviewed this invoice and based upon the information provided, I:

APPROVE **PARTIALLY APPROVE** **DO NOT APPROVE**

CANCEL **PRINT** **SAVE**

When the facility has indicated it is not the payee, insurers must indicate "Yes" or "No" to the *Does the insurer attest that it has received a claim form directly from the claimant?* question. When "Yes" is selected, the adjuster must indicate the date when the paper OCF-21 was received.

Signature of Insurer
Please specify whether you waive the right for the applicant's signature. Use the decision buttons to submit your decision. If applicable, provide a message to the provider.

Adjuster's First Name: Jo
Adjuster's Last Name: Smith

* Does the insurer attest that it has received a claim form directly from the claimant? ☐ No ☒ Yes

Date Claim Form Received:

The health care facility has indicated it is not the payee. This invoice is PAYABLE ONLY TO THE CLAIMANT. If the facility did not hold a FSCO service provider licence in good standing on the dates of service listed in the invoice, FSCO has indicated that the insurer is not permitted to pay the facility directly.

I have reviewed this invoice and based upon the information provided, I:

APPROVE **PARTIALLY APPROVE** **DO NOT APPROVE**

CANCEL

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26				

SUMMARY **1** **2** **3** **4** **BACK** **NEXT**

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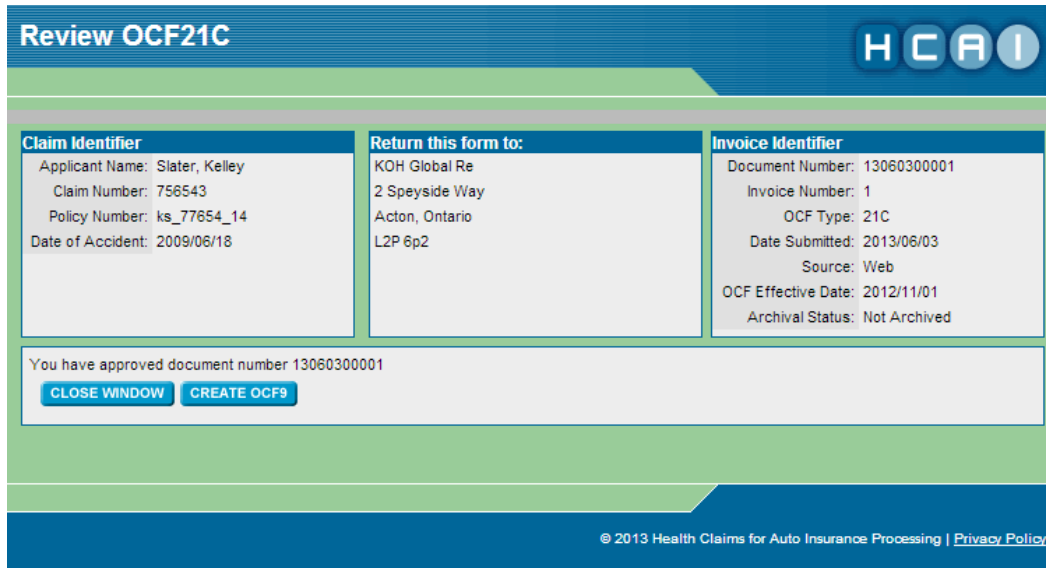
Once the date has been selected, the final adjudication decision may be rendered in HCAI.

Submitting an Approval Decision

In the bottom of the Insurer Signature section in the Tab 3 screen of both the OCF-21B and OCF-21C, there are four buttons to submit an adjudication decision. Depending on your final decision, click

APPROVE, **PARTIALLY APPROVE**, or **DO NOT APPROVE** and two scenarios are possible:

1. **Successful submission.** If there are no errors or incomplete data, your approval decision is submitted. The default confirmation screen appears.



Claim Identifier	Return this form to:	Invoice Identifier
Applicant Name: Slater, Kelley	KOH Global Re	Document Number: 13060300001
Claim Number: 756543	2 Speyside Way	Invoice Number: 1
Policy Number: ks_77654_14	Acton, Ontario	OCF Type: 21C
Date of Accident: 2009/06/18	L2P 6p2	Date Submitted: 2013/06/03
		Source: Web
		OCF Effective Date: 2012/11/01
		Archival Status: Not Archived

You have approved document number 13060300001

CLOSE WINDOW **CREATE OCF9**

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Click **CLOSE WINDOW**. This takes you to the Insurer home page. Depending on your decision, the reviewed invoice has been moved into either the Adjuster Response work list or the Pending work list under the Invoices tab.

2. **Submission fails.** If there is any invalid or incomplete data, you are returned to the form with:
 - An error notifying you that there are errors;
 - A list of errors, if any, on the current page; and
 - The navigation buttons of error-containing steps highlighted in orange.

Generating and Viewing the Explanation of Benefits (EOB)

The Explanation of Benefits (EOB) can be generated and viewed only after the Adjuster has submitted his/her decision on the plan.

Review OCF21C



Claim Identifier	Return this form to:	Invoice Identifier
Applicant Name: Slater, Kelley Claim Number: 756543 Policy Number: ks_77654_14 Date of Accident: 2009/06/18	KOH Global Re 2 Speyside Way Acton, Ontario L2P 6p2	Document Number: 13060300001 Invoice Number: 1 OCF Type: 21C Date Submitted: 2013/06/03 Source: Web OCF Effective Date: 2012/11/01 Archival Status: Not Archived

You have approved document number 13060300001

[CLOSE WINDOW](#)
[CREATE OCF9](#)

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Or,

- Open an invoice from the Adjuster Response work list under the Invoices tab of the Insurer home page.
- Click [CREATE OCF9](#) at the top or bottom of any of the steps.

Review OCF21B



SUMMARY

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NEXT ▶

CANCEL
CREATE OCF9
PRINT

Claim Identifier	Return this form to:	Invoice Identifier
Applicant Name: Oldham, Todd Claim Number: 189_abv_099 Policy Number: 8765 Date of Accident: 2013/05/13	KOH Global Re 2 Speyside Way Acton, Ontario L2P 6p2	Document Number: 13051300003 Invoice Number: OCF Type: 21B Date Submitted: 2013/05/13 Source: Web OCF Effective Date: 2012/11/01 Archival Status: Not Archived

The Explanation of Benefits window opens, containing information regarding the adjudicated invoice.

1. Tab 1 – Provides read-only information about the policy, Claim and applicant.

Create EOB

STEP

1

2

3

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[? - User Manual](#)

[CANCEL](#)

[PRINT](#)

[SAVE](#)

Explanation of Benefits Payable by Insurance Company (EOB)

Use this form for accidents that occur on or after November 1, 1996.

Document Number of Linked Invoice: 15052600005

Claim Number: 8522246

Policy Number: 7975552

Date of Accident: 2015/05/11

Revised: 2015/05/26

EOB Effective Date: 2015/04/01

Submitted to Facility?: No

Archival Status: Not Archived

Part 1: Applicant information

Last Name:	Bolm	First Name and Initial, Middle Name:	Soloman
Address:	725 Aros Road		
City:	Kitchener	Province:	ON
		Postal Code:	K7R 2R3
Date of Birth:	1981/10/30	Phone:	
		Work Phone:	

Part 2: Income Replacement Non Earner or Caregiver Benefits Payable

We have reviewed your application for income replacement benefits and have determined you are:

☐ A. Eligible

Details of how we calculated your income replacement benefit, including adjustments for income or payments from other sources.

Calculation

Gross Weekly Income:	
70% of Gross Weekly Income:	
Minus Post-Accident Weekly Income from Other Sources:	
Income Replacement Benefits Payable:	
Non Earner or Caregiver Benefit Payable:	

☐ additional sheets attached

Part 3: Catastrophic Impairment Determination

We have reviewed your application for determination of catastrophic impairment and have determined:

☐ You have sustained a catastrophic impairment as a result of the accident

☐ You have not sustained a catastrophic impairment as a result of the accident for the following reasons:

[CANCEL](#)

[PRINT](#)

[SAVE](#)

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2


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2. Tab 2, you may enter any interest payable amounts and, in the “Additional Comments” field, you may enter a brief explanation of your decision.

Create EOB



STEP 1 2 3 ◀ BACK NEXT ▶

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CANCEL
PRINT SAVE

Part 4: Medical and Rehabilitation and Other Benefits

Item	Description	Code	Amount Claimed	Amount Payable	Interest Payable	Item Not Payable
1	Initial visit (1 session)	M.IG.00	\$0.00	\$0.00	<input type="text"/>	
2	Block 1 (weeks 1 to 4)	M.IG.01	\$0.00	\$0.00	<input type="text"/>	
3	"Pharmacotherapy (local), tibia and fibula"	1.VQ.35	\$0.00	\$0.00	<input type="text"/>	
4	Initial visit (1 session)	M.IG.00	\$422.00	\$422.00	<input type="text"/>	
5	Block 1 (weeks 1 to 4)	M.IG.01	\$1,456.00	\$1,456.00	<input type="text"/>	

Additional Comments

Append a brief message to the EOB explaining the approval decision (Maximum 20,000 characters)

Part 5: Insurance Company Information

Name of Insurance Company Representative: asfdh	
Name of Insurance Company: KOH Global Re	
Telephone Number: (789) 456-1231	FAX Number:
Signature of Insurance Company Representative:	Date:

CANCEL
PRINT SAVE

STEP 1 2 3 ◀ BACK NEXT ▶

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3. On Tab 3, the “Applicant’s Right to Dispute” explains, step by step, how to dispute the refusal or reduction of a Claim.

Create EOB

STEP

1

2

3

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CANCEL

PRINT

SAVE

SUBMIT

Part 6: Applicant's Rights to dispute

YOUR RIGHT TO DISPUTE THE INSURER'S DETERMINATION OF YOUR CLAIM FOR STATUTORY ACCIDENT BENEFITS

Under the Insurance Act, if your claim for statutory accident benefits has been reduced or denied by your insurer, you have a right to dispute your insurer's determination. There are a number of steps you can take to try and resolve the dispute.

Step 1: IF YOU WISH TO DISPUTE THE INSURER'S DECISION

Notify your insurer that you dispute the insurer's decision.

Step 2: MEDIATION

If you are unable to resolve your dispute by speaking to your adjuster, you may apply to mediate your dispute through the Financial Services Commission of Ontario (FSCO) within two years of your insurer's refusal to pay, or reduction of a benefit.*

To begin the mediation process, you must complete an application for mediation. The application for mediation can be provided to you by your insurance company, or can be obtained from FSCO's web site at www.fSCO.gov.on.ca or by contacting FSCO at:

Dispute Resolution Services	
Mediation - Financial Services Commission of Ontario	Toll Free: 1-800-517-2332 ext. 7210
Box 85, 14th Floor	Fax: (416) 590-7077
Toronto, Ontario	Mediation Hotline: (416) 590-7210
M2N 6L9	

Once you submit a completed application for mediation, FSCO will appoint a mediator to conduct the mediation. At the end of the mediation, the mediator will issue a written report of mediation indicating whether or not the mediation resolved the issues between you and your insurer.

Step 3: ARBITRATION, LAWSUIT OR EVALUATION

If mediation does not resolve the dispute, you have the right to:

- (i) apply for the appointment of an arbitrator at FSCO, or
- (ii) commence a lawsuit in court, or
- (iii) if you and your insurer both agree, you may request a neutral evaluation at FSCO before proceeding to arbitrate or commence a lawsuit in court. If you and your insurer proceed to a neutral evaluation, the neutral evaluator will provide an oral opinion on the likely outcome of a proceeding in court or an arbitration and a written report identifying issues evaluated and still in dispute.

However, you CANNOT arbitrate, commence a lawsuit or request a neutral evaluation UNLESS:

- (i) you proceeded with mediation, AND
- (ii) the mediation failed.

***WARNING: TWO YEAR TIME LIMIT**

You have TWO YEARS from the date of your insurer's refusal to pay, or reduction of a benefit, to arbitrate or commence a lawsuit in court. You may have longer than two years if the arbitration or lawsuit is commenced 90 days from the date the mediator provides his or her mediation report, or within 30 days from the date the neutral evaluator provides his or her report.

CANCEL

PRINT

SAVE

SUBMIT

STEP

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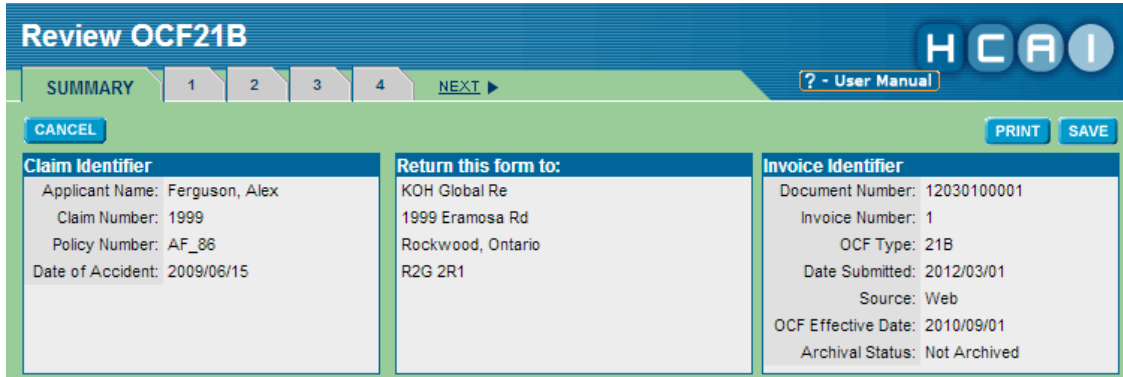
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- Click **SAVE**. This saves the form as a draft copy and allows you to go back and update if necessary, but does not allow the Facility to view.
- Click **SUBMIT**, then **CONFIRM**, and the document is now viewable by the Facility.
- To print the EOB, click **PRINT**. It is printed as a PDF document.
- To return to the current invoice, click the **CANCEL** button.

Note: The Facility is able to see the same information in the EOB.

Printing a Reviewed OCF Invoice

You can print an invoice in any state—Submitted, Declined, Partially Approved, Approved or Pending. The **PRINT** button is available at the top and bottom of each step as well as on the Summary page of the form.



Review OCF21B		
<div> SUMMARY 1 2 3 4 NEXT ▶ ? - User Manual </div>		
<div> CANCEL PRINT SAVE </div>		
Claim Identifier Applicant Name: Ferguson, Alex Claim Number: 1999 Policy Number: AF_88 Date of Accident: 2009/06/15	Return this form to: KOH Global Re 1999 Eramosa Rd Rockwood, Ontario R2G 2R1	Invoice Identifier Document Number: 12030100001 Invoice Number: 1 OCF Type: 21B Date Submitted: 2012/03/01 Source: Web OCF Effective Date: 2010/09/01 Archival Status: Not Archived


Click **PRINT**.

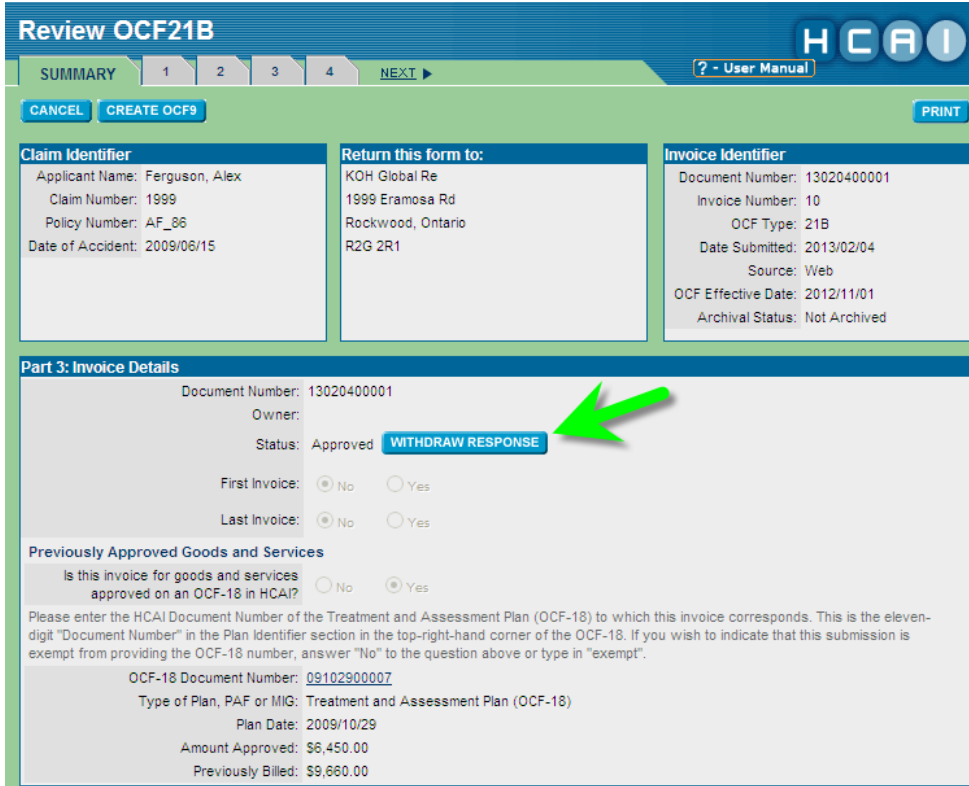
- A PDF version of the invoice you are currently in opens. Print it as you print any PDF.

 **Note:** PDFs are not saved in HCAI. PDFs can be saved to your local computer drive.

Withdraw Response

To withdraw an invoice which you, the Insurer, have already responded.

- Go to the Invoices, Adjuster Response sub-tab and navigate to the required invoice.
- Click the “Review Form” button () next to it. The invoice opens at the Summary screen.



Review OCF21B

SUMMARY 1 2 3 4 NEXT ▶ ? - User Manual

CANCEL CREATE OCF9 PRINT

Claim Identifier	Return this form to:	Invoice Identifier
Applicant Name: Ferguson, Alex Claim Number: 1999 Policy Number: AF_86 Date of Accident: 2009/06/15	KOH Global Re 1999 Eramosa Rd Rockwood, Ontario R2G 2R1	Document Number: 13020400001 Invoice Number: 10 OCF Type: 21B Date Submitted: 2013/02/04 Source: Web OCF Effective Date: 2012/11/01 Archival Status: Not Archived

Part 3: Invoice Details

Document Number: 13020400001
Owner:
Status: Approved **WITHDRAW RESPONSE**
First Invoice: ☒ No ☐ Yes
Last Invoice: ☒ No ☐ Yes

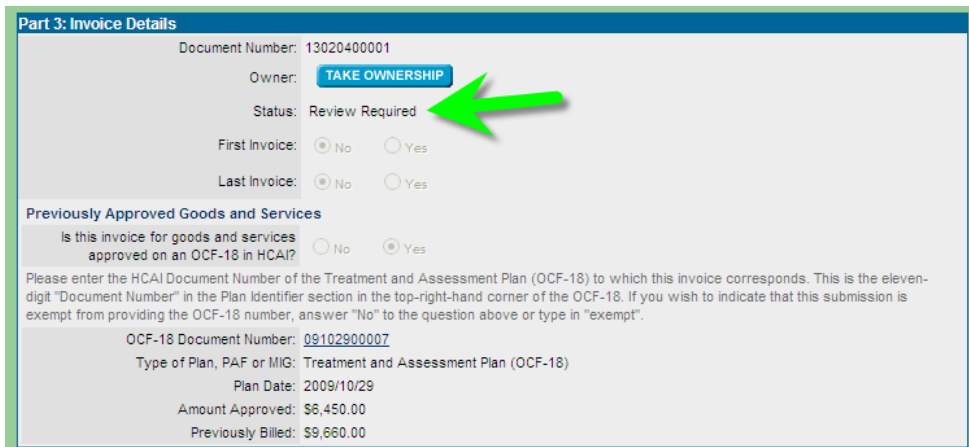
Previously Approved Goods and Services
Is this invoice for goods and services approved on an OCF-18 in HCAI? ☐ No ☒ Yes

Please enter the HCAI Document Number of the Treatment and Assessment Plan (OCF-18) to which this invoice corresponds. This is the eleven-digit "Document Number" in the Plan Identifier section in the top-right-hand corner of the OCF-18. If you wish to indicate that this submission is exempt from providing the OCF-18 number, answer "No" to the question above or type in "exempt".

OCF-18 Document Number: 09102900007
Type of Plan, PAF or MIG: Treatment and Assessment Plan (OCF-18)
Plan Date: 2009/10/29
Amount Approved: \$6,450.00
Previously Billed: \$9,660.00

Click the **WITHDRAW RESPONSE** button beneath the Document Number in the “Invoice Details” section. A message appears asking you to confirm withdrawal.

- Click <OK> in response to this message. The invoice status Summary page is changed to “Review Required” and the invoice is moved to the Invoices, Work In Progress work list.



Part 3: Invoice Details

Document Number: 13020400001
Owner: **TAKE OWNERSHIP**
Status: Review Required
First Invoice: ☒ No ☐ Yes
Last Invoice: ☒ No ☐ Yes

Previously Approved Goods and Services
Is this invoice for goods and services approved on an OCF-18 in HCAI? ☐ No ☒ Yes

Please enter the HCAI Document Number of the Treatment and Assessment Plan (OCF-18) to which this invoice corresponds. This is the eleven-digit "Document Number" in the Plan Identifier section in the top-right-hand corner of the OCF-18. If you wish to indicate that this submission is exempt from providing the OCF-18 number, answer "No" to the question above or type in "exempt".

OCF-18 Document Number: 09102900007
Type of Plan, PAF or MIG: Treatment and Assessment Plan (OCF-18)
Plan Date: 2009/10/29
Amount Approved: \$6,450.00
Previously Billed: \$9,660.00

- Any EOB associated with the withdrawn OCF-21 is also withdrawn.

After one year has passed from its adjudication date, the invoice is automatically placed into a “read-only” state. Once in “read-only”, the invoice can still be printed but no modifications of the invoice in HCAI can occur.